

EXPRESS MAIL LABEL NO. EJ800724712US

PTO/SB/01 (6-95)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box QO10/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office

Attorney Docket Number

99SW087

First Named Inventor

Randall A. Havner

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION** Declaration Submitted with Initial FilingOR Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIBRARY MANAGER FOR AUTOMATED PROGRAMMING OF INDUSTRIAL CONTROLS

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|---------|----------------------------------|--------------------------|---------------------------------|--------------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

| Application Number(s) -- - - - | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto. |
|--------------------------------|--------------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.
4421921 - 110003.96781

Please type a plus sign (+) inside the box

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|-------------------|---------------------------------|---|
| | | | |
| <input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto | | | |
| As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith: | | | |
| <input type="checkbox"/> Firm Name OR <input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below | | Customer Number or label | |

| Name | Registration Number |
|----------------------|---------------------|
| Keith M. Baxter | 31,233 |
| Michael A. Jaskolski | 37,551 |
| John J. Horn | 28,803 |
| John M. Miller | 38,560 |
| William R. Walbrun | 37,464 |

| | | | |
|---|--|---|----------------|
| Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto | | | |
| Please direct all correspondence to <input type="checkbox"/> Customer Number or label | | OR <input checked="" type="checkbox"/> Fill in correspondence address below | |
| Name | John J. Horn, Esq. | | |
| Address | Allen-Bradley Company, Patent Dept. 704P | | |
| Address | P.O. Box 2086, 8th Floor, T-29 | | |
| City | Milwaukee | State | WI |
| Country | USA | Telephone | (414) 382-3960 |
| | | Fax | (414) 382-3900 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | | | | | | | |
|-------------------------------------|---|--------|----|---------|---|-------------|---------|---------------------|--|
| Name of Sole or First Inventor: | | | | | A petition has been filed for this unsigned inventor. | | | | |
| Given | Randall | Middle | A. | Family | Havner | Suffix | | | |
| Inventor's Signature |  | | | | | Date | 9/13/99 | | |
| Residence: | Atlanta | State | GA | Country | US | Citizenship | US | | |
| Post Office | 3078 Clairmont Road, #732 | | | | | | | | |
| Post Office | | | | | | | | | |
| City | Atlanta | State | GA | Zip | 30329 | Country | US | Applicant Authority | |
| <input checked="" type="checkbox"/> | X Additional inventors are being named on supplemental sheet(s) attached hereto | | | | | | | | |

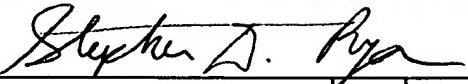
Please type a plus sign (+) inside this box

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any: _____ A petition has been filed for this unsigned inventor

| | | | | | | | |
|-------|---------|--------|----|--------|------|--------|--|
| Given | Stephen | Middle | D. | Family | Ryan | Suffix | |
|-------|---------|--------|----|--------|------|--------|--|

Inventor's  Date 9/8/99

| | | | | | | | |
|------------|--------|-------|----|---------|----|-------------|----|
| Residence: | Vernon | State | WI | Country | US | Citizenship | US |
|------------|--------|-------|----|---------|----|-------------|----|

| | | | | | | | |
|-------------|----------------------------|--|--|--|--|--|--|
| Post Office | S83 W27375 Whitetail Trail | | | | | | |
|-------------|----------------------------|--|--|--|--|--|--|

| | | | | | | | |
|-------------|--|--|--|--|--|--|--|
| Post Office | | | | | | | |
|-------------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|------|--------|-------|----|-----|-------|---------|----|---------------------|--|
| City | Vernon | State | WI | Zip | 53149 | Country | US | Applicant Authority | |
|------|--------|-------|----|-----|-------|---------|----|---------------------|--|

Name of Additional Joint Inventor, if any: _____ A petition has been filed for this unsigned inventor

| | | | | | | | |
|-------|-------|----------------|----|-------------|-------|--------|--|
| Given | James | Middle Initial | F. | Family Name | Toman | Suffix | |
|-------|-------|----------------|----|-------------|-------|--------|--|

Inventor's  Date

| | | | | | | | |
|------------|----------|-------|----|---------|----|-------------|----|
| Residence: | Temecula | State | CA | Country | US | Citizenship | US |
|------------|----------|-------|----|---------|----|-------------|----|

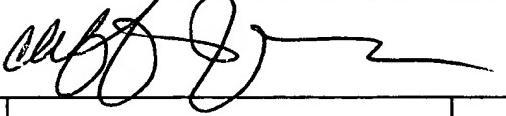
| | | | | | | | |
|-------------|---------------------------|--|--|--|--|--|--|
| Post Office | 30191 Villa Alturas Drive | | | | | | |
|-------------|---------------------------|--|--|--|--|--|--|

| | | | | | | | |
|-------------|--|--|--|--|--|--|--|
| Post Office | | | | | | | |
|-------------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|------|----------|-------|----|-----|-------|---------|----|---------------------|--|
| City | Temecula | State | CA | Zip | 92592 | Country | US | Applicant Authority | |
|------|----------|-------|----|-----|-------|---------|----|---------------------|--|

Name of Additional Joint Inventor, if any: _____ A petition has been filed for this unsigned inventor

| | | | | | | | |
|-------|----------|--------|----|--------|-----------|--------|-----|
| Given | Clifford | Middle | J. | Family | Whitehead | Suffix | Jr. |
|-------|----------|--------|----|--------|-----------|--------|-----|

Inventor's  Date 8Sept. 1999

| | | | | | | | |
|------------|-----------|-------|----|---------|----|-------------|----|
| Residence: | Cleveland | State | OH | Country | US | Citizenship | US |
|------------|-----------|-------|----|---------|----|-------------|----|

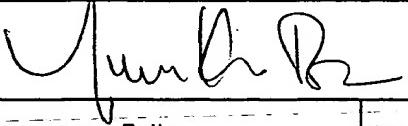
| | | | | | | | |
|-------------|---------------------|--|--|--|--|--|--|
| Post Office | 17714 Windward Road | | | | | | |
|-------------|---------------------|--|--|--|--|--|--|

| | | | | | | | |
|-------------|--|--|--|--|--|--|--|
| Post Office | | | | | | | |
|-------------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|------|-----------|-------|----|-----|-------|---------|----|---------------------|--|
| City | Cleveland | State | OH | Zip | 44119 | Country | US | Applicant Authority | |
|------|-----------|-------|----|-----|-------|---------|----|---------------------|--|

Name of Additional Joint Inventor, if any: _____ A petition has been filed for this unsigned inventor

| | | | | | | | |
|-------|-----|--------|----|--------|------|--------|--|
| Given | Kam | Middle | P. | Family | Yuen | Suffix | |
|-------|-----|--------|----|--------|------|--------|--|

Inventor's  Date 9/8/99

| | | | | | | | |
|------------|-----------------|-------|----|---------|----|-------------|-----------|
| Residence: | Menomonee Falls | State | WI | Country | US | Citizenship | Hong Kong |
|------------|-----------------|-------|----|---------|----|-------------|-----------|

| | | | | | | | |
|-------------|----------------------|--|--|--|--|--|--|
| Post Office | W147 N6459 Ash Drive | | | | | | |
|-------------|----------------------|--|--|--|--|--|--|

| | | | | | | | |
|-------------|--|--|--|--|--|--|--|
| Post Office | | | | | | | |
|-------------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|------|-----------------|-------|----|-----|-------|---------|----|---------------------|--|
| City | Menomonee Falls | State | WI | Zip | 53051 | Country | US | Applicant Authority | |
|------|-----------------|-------|----|-----|-------|---------|----|---------------------|--|

Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any: _____ A petition has been filed for this unsigned inventor

| | | | | | | | |
|-------|---------|--------|----|--------|------|--------|--|
| Given | Stephen | Middle | D. | Family | Ryan | Suffix | |
|-------|---------|--------|----|--------|------|--------|--|

| | | | | | | | |
|------------|--|--|--|--|--|------|--|
| Inventor's | | | | | | Date | |
|------------|--|--|--|--|--|------|--|

| | | | | | | | |
|------------|--------|-------|----|---------|----|-------------|----|
| Residence: | Vernon | State | WI | Country | US | Citizenship | US |
|------------|--------|-------|----|---------|----|-------------|----|

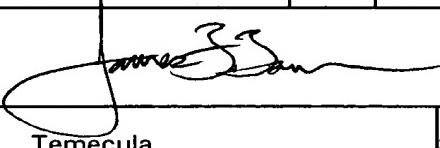
| | | | | | | | |
|-------------|----------------------------|--|--|--|--|--|--|
| Post Office | S83 W27375 Whitetail Trail | | | | | | |
|-------------|----------------------------|--|--|--|--|--|--|

| | | | | | | | |
|-------------|--|--|--|--|--|--|--|
| Post Office | | | | | | | |
|-------------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|------|--------|-------|----|-----|-------|---------|----|---------------------|--|
| City | Vernon | State | WI | Zip | 53149 | Country | US | Applicant Authority | |
|------|--------|-------|----|-----|-------|---------|----|---------------------|--|

Name of Additional Joint Inventor, if any: _____ A petition has been filed for this unsigned inventor

| | | | | | | | |
|-------|-------|----------------|----|-------------|-------|--------|--|
| Given | James | Middle Initial | F. | Family Name | Toman | Suffix | |
|-------|-------|----------------|----|-------------|-------|--------|--|

| | | | | | | | |
|------------|---|--|--|--|--|------|----------|
| Inventor's |  | | | | | Date | 09/14/99 |
|------------|---|--|--|--|--|------|----------|

| | | | | | | | |
|------------|----------|-------|----|---------|----|-------------|----|
| Residence: | Temecula | State | CA | Country | US | Citizenship | US |
|------------|----------|-------|----|---------|----|-------------|----|

| | | | | | | | |
|-------------|---------------------------|--|--|--|--|--|--|
| Post Office | 30191-Villa Alturas Drive | | | | | | |
|-------------|---------------------------|--|--|--|--|--|--|

| | | | | | | | |
|-------------|--|--|--|--|--|--|--|
| Post Office | | | | | | | |
|-------------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|------|----------|-------|----|-----|-------|---------|----|---------------------|--|
| City | Temecula | State | CA | Zip | 92592 | Country | US | Applicant Authority | |
|------|----------|-------|----|-----|-------|---------|----|---------------------|--|

Name of Additional Joint Inventor, if any: _____ A petition has been filed for this unsigned inventor

| | | | | | | | |
|-------|----------|--------|----|--------|-----------|--------|-----|
| Given | Clifford | Middle | J. | Family | Whitehead | Suffix | Jr. |
|-------|----------|--------|----|--------|-----------|--------|-----|

| | | | | | | | |
|------------|--|--|--|--|--|------|--|
| Inventor's | | | | | | Date | |
|------------|--|--|--|--|--|------|--|

| | | | | | | | |
|------------|-----------|-------|----|---------|----|-------------|----|
| Residence: | Cleveland | State | OH | Country | US | Citizenship | US |
|------------|-----------|-------|----|---------|----|-------------|----|

| | | | | | | | |
|-------------|---------------------|--|--|--|--|--|--|
| Post Office | 17714 Windward Road | | | | | | |
|-------------|---------------------|--|--|--|--|--|--|

| | | | | | | | |
|-------------|--|--|--|--|--|--|--|
| Post Office | | | | | | | |
|-------------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|------|-----------|-------|----|-----|-------|---------|----|---------------------|--|
| City | Cleveland | State | OH | Zip | 44119 | Country | US | Applicant Authority | |
|------|-----------|-------|----|-----|-------|---------|----|---------------------|--|

Name of Additional Joint Inventor, if any: _____ A petition has been filed for this unsigned inventor

| | | | | | | | |
|-------|-----|--------|----|--------|------|--------|--|
| Given | Kam | Middle | P. | Family | Yuen | Suffix | |
|-------|-----|--------|----|--------|------|--------|--|

| | | | | | | | |
|------------|--|--|--|--|--|------|--|
| Inventor's | | | | | | Date | |
|------------|--|--|--|--|--|------|--|

| | | | | | | | |
|-----------|-----------------|-------|----|---------|----|-------------|-----------|
| Residence | Menomonee Falls | State | WI | Country | US | Citizenship | Hong Kong |
|-----------|-----------------|-------|----|---------|----|-------------|-----------|

| | | | | | | | |
|-------------|----------------------|--|--|--|--|--|--|
| Post Office | W147 N6459 Ash Drive | | | | | | |
|-------------|----------------------|--|--|--|--|--|--|

| | | | | | | | |
|-------------|--|--|--|--|--|--|--|
| Post Office | | | | | | | |
|-------------|--|--|--|--|--|--|--|

| | | | | | | | | | |
|------|-----------------|-------|----|-----|-------|---------|----|---------------------|--|
| City | Menomonee Falls | State | WI | Zip | 53051 | Country | US | Applicant Authority | |
|------|-----------------|-------|----|-----|-------|---------|----|---------------------|--|

Additional inventors are being named on supplemental sheet(s) attached hereto